



STATE OF MARYLAND

DHMH

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April 11, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:14 **Reporting for the week ending 04/05/08 (MMWR Week #14)**

CURRENT HOMELAND SECURITY THREAT LEVELS

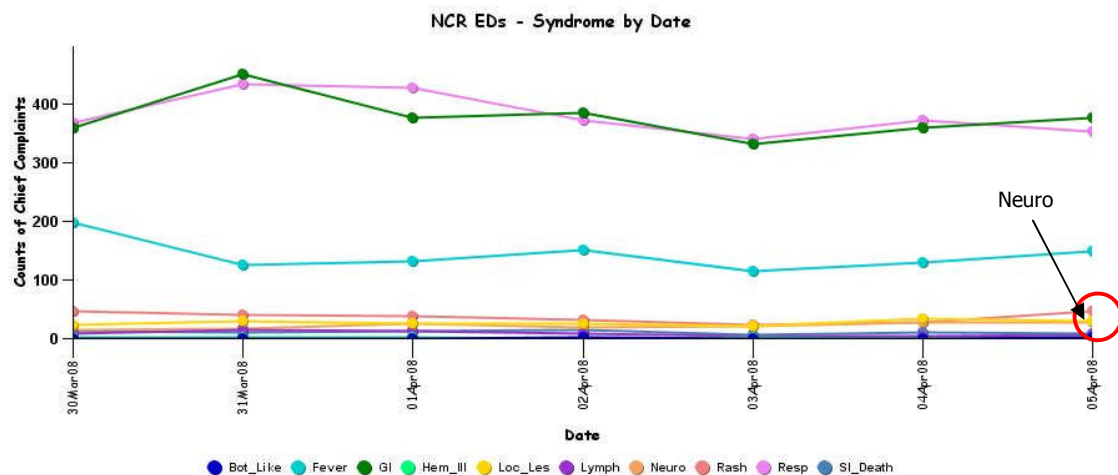
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

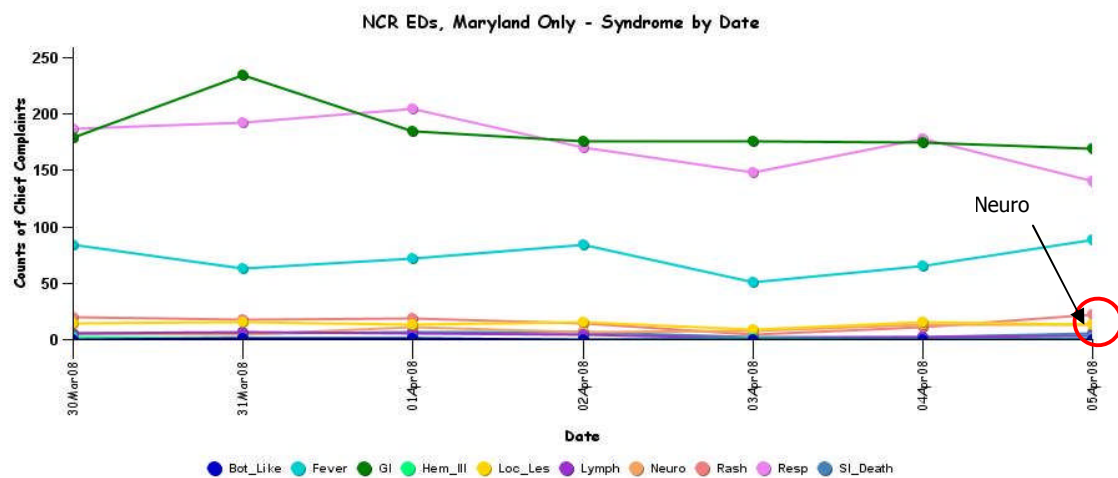
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

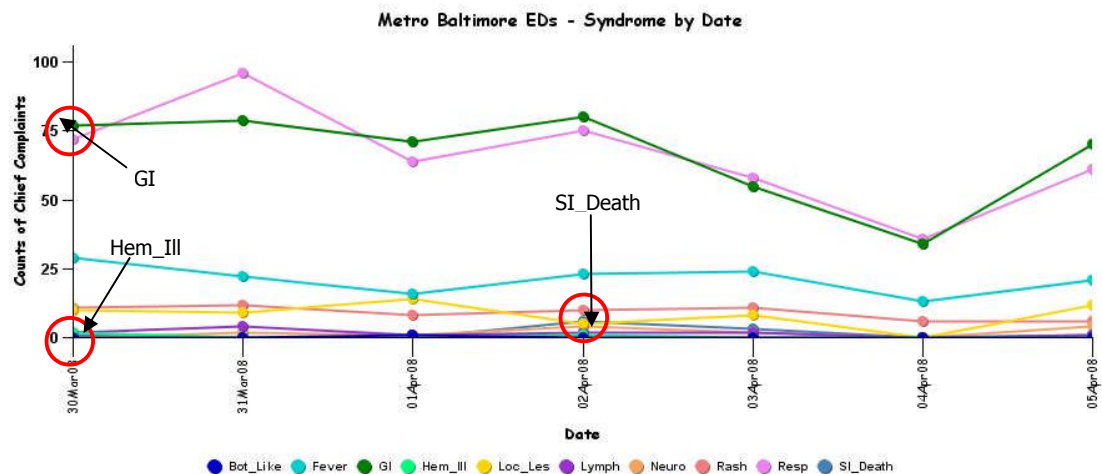
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



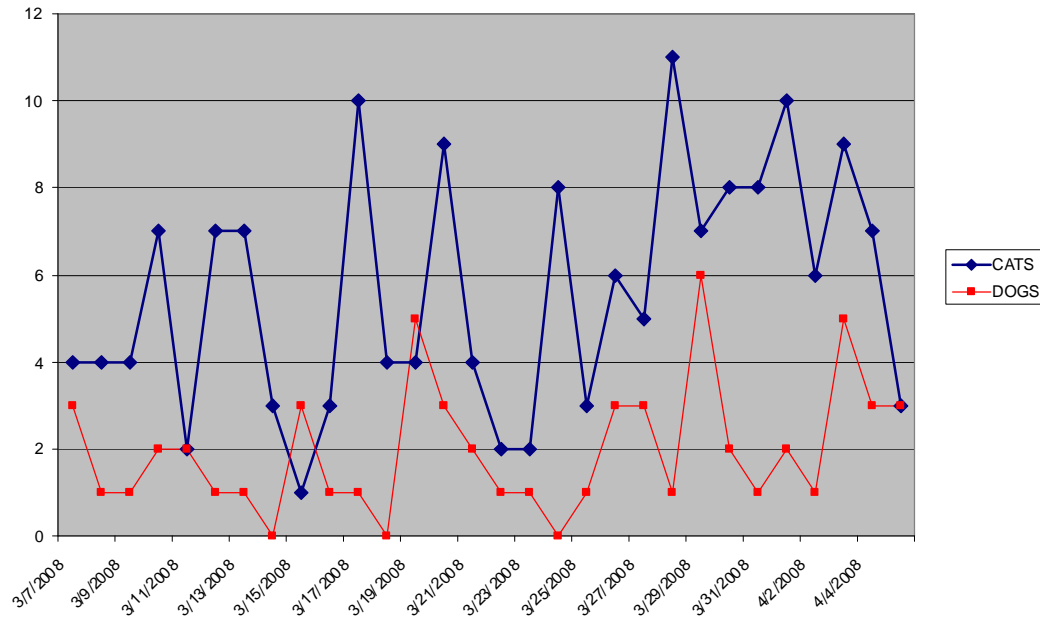
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

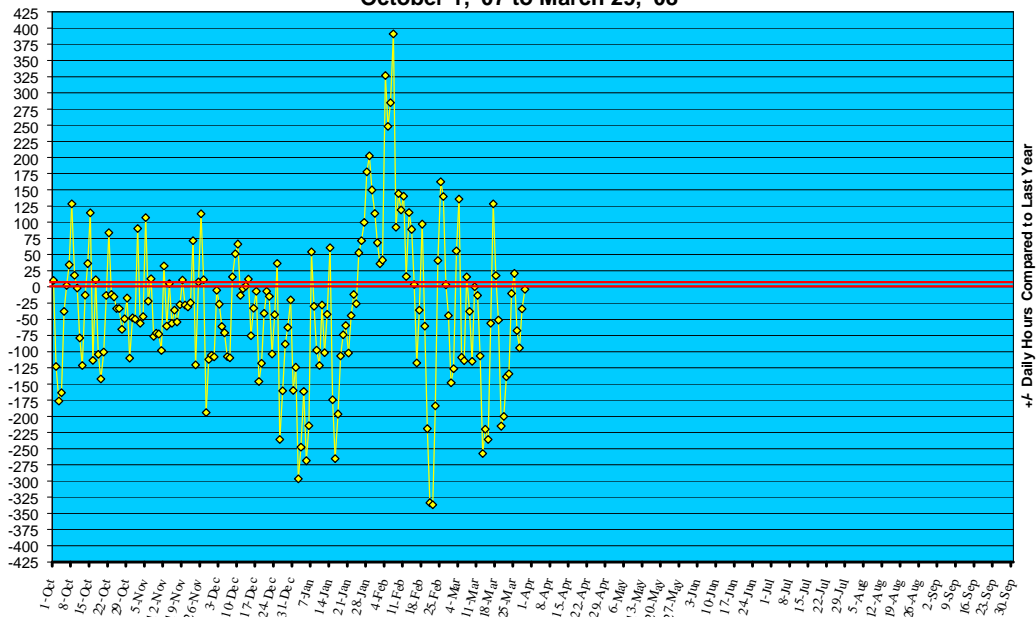
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Mar 30 – Apr 5, 2008):	17	0
Prior week (Mar 23 – 29, 2008):	3	0
Week#13, 2007 (Mar 31 – Apr 6, 2007):	13	0

OUTBREAKS: 12 outbreaks were reported to DHMH during MMWR Week 14 (Mar. 30-Apr. 5, 2008):

4 Gastroenteritis outbreaks

3 outbreaks of GASTROENTERITIS associated with Nursing Homes
1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility

1 Foodborne Gastroenteritis outbreak

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Hotel/Conference

5 Respiratory illness outbreaks

2 outbreaks of RESPIRATORY ILLNESS associated with Assisted Living Facilities
3 outbreaks of RESPIRATORY ILLNESS associated with Nursing Homes

1 Rash illness outbreak

1 outbreak of RASH ILLNESS associated with an Organization

1 other outbreak

1 OTHER outbreak associated with a School

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. To date this season, there have been 3587 lab confirmed influenza cases in Maryland. Maryland's influenza activity level for this week is WIDESPREAD.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of April 3, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 378, of which 238 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (Indonesia): 2 Apr 2008, The Ministry of Health of Indonesia has announced 3 new cases of human H5N1 avian influenza infection. The cases are not linked epidemiologically. The first is a 15 year old male student from Subang District, West Java Province who developed symptoms on Mar 19, was hospitalized on Mar 22, and died on Mar 26. The second case is an 11 year old female student from Bekasi City, West Java Province who developed symptoms on Mar 19, was hospitalized on Mar 23, and died on Mar 28. The third case is a 21 month old female from Bukit Tinggi, West Sumatra Province who developed symptoms on Mar 17 and was hospitalized on Mar 22. She is presently recovering in hospital. The source of infection for all 3 cases is still under investigation. Of the 132 cases confirmed to date in Indonesia, 107 have been fatal.

AVIAN INFLUENZA (Viet Nam): 4 Apr 2008, An outbreak of bird flu is sweeping through the central province of Quang Nam, felling fowls and forcing authorities to cull a further 26,660 birds. They destroyed 7000 eggs and 1250 ducks on Mar 31 after finding signs of the H5N1 virus that causes the disease. Seven communes in 4 districts - Nui Thanh, Thang Binh, Dai Loc, and Tien Phuoc - have been affected. Nguyen Ngoc Quang, vice chairman of the Quang Nam People's Committee, instructed local authorities to focus on disinfecting affected areas and containing the spread of the disease. Until mid-March 2008 only Nui Thanh had reported outbreaks.

AVIAN INFLUENZA, DUCK (South Korea): 5 Apr 2008, A case of bird flu has been discovered at a duck farm in south western South Korea, just 3 days after an outbreak was confirmed at a chicken farm in the same region, the government said on Apr 5. The Ministry for Food, Agriculture, Forestry and Fisheries said preliminary tests conducted on ducks that died earlier in the week at the farm in Jeongeup, about 250 km south west of Seoul, turned up positive for the H5N1 bird flu virus. Of the 10,000 ducks on the farm, half have died since Mar 31. The farm is located 27 km away from a chicken farm that was hit by avian influenza earlier this week. The ministry said that further tests will be needed to determine if the virus is a low or high virulent strain of bird flu. The quarantine official said that the remaining ducks raised on the

farm were in the process of being culled and buried, with all poultry livestock within a 10-km radius of the farm restricted from being transported. The last time a virulent strain of the bird flu was reported in the country was in March 2007. There have been several cases of mild strains discovered in the past few months.

NATIONAL DISEASE REPORTS:

SALMONELLOSIS, MUNICIPAL WATER SUPPLY (Colorado): 30 Mar 2008, Alamosa officials plan to reopen city schools on Mar 31 as crews continue flushing the city water system to purge salmonella bacteria. The schools closed on Mar 25 when officials began pumping high concentrations of chlorine into the water. Adams State College closed on Mar 26. Chlorine levels in parts of the city have dropped to where residents can take quick showers, but it is still unsuitable for drinking. In other parts, city water can only be used to flush toilets. Since Mar 19, residents have been told not to use water straight from the tap, after bacteria was found. The source of contamination is unknown. There have been at least 85 confirmed cases of salmonella and 315 people sickened. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, SALTED FISH, RECALL (Multi State): 3 Apr 2008, Grand Supercenter, Inc of Lyndhurst, New Jersey is recalling the following products because they have the potential to be contaminated with *Clostridium botulinum*, a bacterium which can cause life-threatening illness or death. HC Fresh, Frozen Salted Croaker, net weight: 16.9 oz, item no. HC 0500402, expiration date: 2 Aug 2009. Consumers are warned not to use these products even if they do not look or smell spoiled. HC Fresh Frozen Salted Croaker was distributed through H Mart stores including H Mart and Super H Mart in New York, New Jersey, Pennsylvania, Illinois, and Texas area. The potential for contamination was noted after routine inspection. No illnesses have been reported to date in connection with this problem. Consumers who have purchased these HC Fresh Frozen Salted Croaker products are urged to return them to the place of purchase for a full refund. Consumers with questions may contact Grand Supercenter, Inc at 201-507-9900. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, CAPRINE (Texas): 4 April 2008, The anthrax season near Del Rio started a little early this year, with the first 2008 case confirmed on March 31 in a 5 year old male goat. The Texas Animal Health Commission (TAHC) is advising owners in the area to vaccinate livestock to prevent additional death losses. "Usually we see cases of anthrax occurring in summer when the temperatures rise, but this spring has been quite warm. Anthrax occurs worldwide, but in Texas, cases are typically found in a triangle bounded by Uvalde, Ozona and Eagle Pass, which takes in portions of Crockett, Val Verde, Sutton, Edwards, Kinney, Uvalde and Maverick counties," said Dr Bob Hillman, Texas' state veterinarian and head of the Texas Animal Health Commission, the state's regulatory agency for livestock and poultry health. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHIKUNGUNYA (Sri Lanka): 30 Mar 2008, A new crisis has erupted in the northern war zone with a virtual epidemic of dengue and chikungunya viral fever among troops due to the heavy rains and resultant floods, officials said. Military spokesperson Udaya Nanayakkara said urgent measures had been taken to check the epidemic, while other officials disclosed that about 500 troops affected by the viral flu were being treated at hospitals in the Anuradhapura district. Provincial Health Director Dr. W. Atapattu said the health crisis had arisen one month ago, at the end of February, and the victims were being treated at the Anuradhapura, Padaviya and Sampathnuwara hospitals. Dr. Atapattu also said health education and viral flu prevention activities were conducted in the affected areas and mosquito nets being widely distributed. Other steps are also being taken to check and destroy mosquito breeding sites. An official said the dengue or chikungunya mosquitoes were breeding in various places including discarded cases of shells used in the war. Anuradhapura Teaching Hospital Director Dr. Sarath Weerabandara said the outbreak began when unexpected heavy rains hit the area including the war zones. He said blood samples sent to the Medical Research Institute had confirmed that the virus was largely chikungunya. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Nigeria): 30 Mar 2008, Around 50 people have died in recent weeks of cholera in central Nigeria's Benue state out of some 150 infected, the press quoted health officials as saying on Mar 30. The Guardian and other papers said that the state capital Makurdi was worst hit by the disease which broke out in February. State health commissioner Jarius Erube attributed the cause of the disease to drinking contaminated water. He advised residents to always boil their water before drinking. He said medical officials and drugs had been sent to the affected areas to treat the victims as well as contain the spread of the disease. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Angola): 1 Apr 2008, Widespread flooding in southern Angola has been blamed for a surge in cholera, with 4500 cases of the waterborne disease reported in 2008 with 150 fatalities. According to Angola's health ministry, there were 590 new cases in the week running up to Mar 31, up from the 503 cases reported the previous week. About half of the infections were in Angola's southern provinces of Cunene and Huila, which have been hard hit by flooding. According

to the UN Office for the Coordination of Humanitarian Affairs (OCHA), over 81,400 people had been affected by the floods, with more than 56,000 displaced. "The flooding caught everyone by surprise," said Adam Berthoud, regional public health advisor for the development agency Oxfam. "Oxfam has been working with the Angolan Red Cross, UNICEF, and government stakeholders to ensure access to clean water, sanitation and key hygiene items such as soap and buckets." (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Namibia): 1 Apr 2008, The number of cholera cases reported in the Ohangwena Region has almost doubled, rising to 858, with 16 cases confirmed since Feb 23, regional health director Dr Naftali Hamata announced on Mar 31. In the Eenhana district, a cholera patient died at the end of last week, bringing the total number of cholera deaths in Ohangwena to 4. On Mar 27, The Namibian reported that 455 cholera cases had been reported, with only 2 deaths in the Engela Health District, which includes Oshikango and Okatope. In the meantime, another cholera patient has died at Engela and a 4th at the Eenhana district hospital. Hamata said there were fears that the disease would spread to other hospital districts in the region. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Kenya): 3 Apr 2008, At least 42 people have died in western Kenya following an outbreak of cholera, health officials said. "At least 701 cases of the disease have been reported in the western province of Nyanza," SK Sharif, the senior deputy director of the area's medical services, said on Apr 2. The disease, which was initially reported in the districts of Rongo, Siaya, and Suba in January, had spread to other districts in the region despite control measures. The most affected areas included the districts of Bondo, Homa Bay, Kisumu, Migori, and Nyando. Cases had also been reported in Kisii and in the Bunyala area of Busia. Sharif said the outbreak had been caused by gaps in water and sanitation hygiene in the region and frequent outbreaks of the disease in neighboring Uganda. Other risk factors included the use of untreated water and contaminated food. The mass movement of people during the post-election crisis may also have contributed to the outbreak of the disease as people found themselves in areas with inadequate water and sanitation facilities. Cholera cases were also reported in Northeastern Province in January and February in the districts of Mandera Central, Mandera East, and Wajir, where there were at least 12 deaths and 448 cases. The outbreak followed similar outbreaks in Ethiopia and Somalia and was exacerbated by inadequate water and sanitation hygiene. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA, DIARRHEA (Viet Nam): 3 Apr 2008, The 2 Northern provinces of Ha Nam and Vinh Phuc have been added to the list of provinces hit by acute diarrhea, raising the total number to 10. On Apr 2, the Health Ministry admitted that the diarrhea epidemic has broken out again, with nearly 100 patients who are positive for the *Vibrio cholerae* bacterium. Dr Nguyen Huy Nga, head of the Preventive Health and Environment Agency, stated that acute diarrhea has spread to 10 provinces. In the 2 latest provinces with the disease, there is one cholera patient each. The total number of cholera patients is 85 at present, including 44 in Hanoi. The number of acute diarrhea patients at hospitals in Hanoi is increasing very fast. On Apr 2 the National Infectious and Tropical Disease Hospital received nearly 70 patients. Diarrhea patients now have to lie on the hospital corridors. Up to 5 patients have developed serious kidney failure. The Hospital's Director Nguyen Duc Hien said of the total number of diarrhea patients treated at the hospital since early March, there are 61 who have been confirmed to have cholera, who mainly come from Hanoi and Ha Tay. The Ministry of Health worries that the epidemic will bloom because this is the wedding season and the summer is approaching. At a 600 member party in the central province of Thanh Hoa, food was prepared within 2-3 days and 40 people got diarrhea, including 6 confirmed to have cholera. The first cholera patient in Vinh Phuc province also caught the disease at a wedding party. According to surveys by the Central Hygiene and Epidemiology Institute, in the provinces with cholera, locals often put down excrement on vegetables and this is a source of the bacterium. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmr.state.md.us/>

US flu activity continues late-season decline

According to the CDC, seasonal flu activity continues to decline in the United States. CDC reports that the proportion of outpatient visits to sentinel healthcare providers attributed to influenza-like illness last week dropped to the national baseline of 2.2%. (<http://www.cdc.gov/cdrap/content/influenza/general/news/apr0408flu.html>)

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly

notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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